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"FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop M Correspondence
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fax to:
571-273-6500

-OR-

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application.

When to check the first box below: If you have a Customer Number to represent the fee address.

When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number

00197

OR

☐ The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER
(if known)

7,373,326

APPLICATION NUMBER

09/711,945

Completed by (check one)

☐ Applicant/Inventor

☒ Attorney or agent of record Reg. No. 29,664

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement Under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☐ Assignment recorded at Reel _____ Frame _____


Signature

William J. Kubida

Typed or printed name

(719) 448-5900

Requester's telephone number

07 MAR 2008
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

☐ *Total of 1 forms are submitted